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Dec. 1988–
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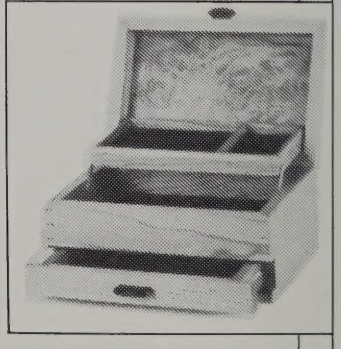

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THE HAMPDEN HIPPOCRAT

VOLUME XXXXIV NO. 6
December 1988—January 1989

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HAMPDEN DISTRICT MEDICAL SOCIETY 1987-1988 SEASON

DISTRICT MEETING

PLACE:	**SHERATON-WEST** West Springfield, MA
DATE:	Tuesday, January 24, 1989
BUSINESS MEETING:	6:00 p.m.
SOCIAL HOUR:	7:00 p.m.
DINNER:	7:30 p.m., Spouses are welcome!
SPEAKERS:	ALAN R. NELSON, M.D., President-Elect American Medical Association
SUBJECT:	Harvard Resource Based Relative Value Scale

NOTE: If you must cancel your dinner reservation, please call the HDMS office before noon on January 24th. If the cancellation is not made, you will be BILLED for your dinner.

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The Society is asking our members for voluntary payment of $20.00 for their own dinners

THE HAMPDEN HIPPOCRAT

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December 1988—January 1989

VOLUME XXXXIV NO. 6

The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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This month's cover is "A Youngster Considering Nursing" the Third Prize Winner of Pride in Medicine II. Submitted by Eleanor J. Gay of Morton Hospital and Medical Center in Taunton, Massachusetts.

THE HAMPDEN HIPPOCRAT is published bi monthly.
The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.
All communications should be addressed to Carol L. Nystrom, Hampden District Medical Society, 1414 State St., Springfield, MA 01109: Telephone: 736-0661.
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HDMS President's Message

And So It Goes

J. Gordon Rich, M.D., President

The Hampden District Medical Society took a public stand supporting the twenty-four OB-GYN physicians who are being accused of conspiracy by the Attorney General of Massachusetts, and objecting to this action on the part of James Shannon. A press conference was held, and good coverage was obtained on radio, television, and the local print media. The response of the press seemed generally sympathetic to the position of the Society, and to the plight of the physicians being sued. This result was brought about mainly through the efforts of Ms. Michael Barnes, who has done a yeoman's job as the public relations consultant for the district society. A word of thanks to her is in order for her efforts in this regard.

A trust has been set up to handle the funds to help with the defense of the "Springfield Twenty-Four". Drs. Vincent Guardione, Juan Penhos, and Percy Wadman will serve as trustees overseeing the fund and its management. By now you should have received a mailing concerning this matter, and soliciting your contributions. I ask and urge that you support this effort to the fullest possible extent. In addition, a fund raiser and get together will be held at the Sheraton Tara Hotel in Springfield Sunday, January 15th. It is hoped that this will give physicians a chance to socialize a bit, and at the same time support their colleagues who are under attack.

The trust that had been established is the Pioneer Valley Legal Defense Fund, and contributions can be mailed to this organization c/o P.O. Box 61, East Longmeadow, MA 01028.

Our January district meeting will be at the Sheraton—West Springfield, and Dr. Alan Nelson, president-elect of the American Medical Association, will be the speaker. Rather than give a generic pep-talk, he will address his attention to the thorny issue of the relative value scale discussion currently going on in Washington and elsewhere. We are making this program known in Worcester and Hartford Counties, as well in our four Western Massachusetts districts. We need a good local turnout to support this program. Your attendance is important, so please take the time and trouble to attend. It should be a lively and informative session.

Physician spouses are cordially invited to attend. Some of the physician wives have stated that they would like to attend an evening meeting and this would provide a good opportunity to meet that need.

In addition, we are starting a program of regular articles for the local media on various medical topics. We are moving the society in the direction of being

continued

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more vigorous in taking positions concerning important social, economic, and medical issues.

We want the profession to be more publicly visible when these issues are before our community. We wish to present a reasonable and definite position on issues in the public forum;even when this means making waves. there are some risks in pursuing this sort of activity, including the likelihood of picking up some lumps along the way. However, it is critical that this effort by made. To that end, we need to identify and enlist the involvement of physicians who are rational, informed,. and who can and are willing to express themselve clearly and effectively in our own meetings, and more public situations.

I don't much care from what segment of the profession these people come, or from what community or medical staff. We need their input badly. At the same time it is important to diversify participation in the activities of the society, so that a clique or cabal does not dominate its affairs.

We should not appear as wild-eyed radicals, or hidebound ossified reactionaries; but clearly a firm voice speaking on behalf of the profession is required.

In order for all of you to be informed of what the Medical Society said to the public in the context of the press conference held on November 10th, we are reprinting the position paper that was circulated to the media at that time.

PRESS CONFERENCE **NOVEMBER 10, 1988**

Outcry Of Indignation Over Springfield "24"

Another blow has been struck against flagging access to medical care in Western Massachusetts with recent charges by State Attorney General James M. Shannon against twenty-four Springfield obstetrician-gynecologists who independently decided to no longer be affiliated with the insurer Blue Shield of Massachusetts.

The Hampden District Medical Society wishes to publicly protest the action of the Attorney General in charging the twenty-four with conspiring to boycott Blue Shield of Massachusetts. We feel that the legal merits of this action are dubious at best; and that this represents an attempt to brow-beat and intimidate not only this specialty group but the entire profession. We hold this to be an arbitrary and capricious act on the part of the Attorney General and one that further strains relations between the medical profession and the state political establishment.

Community access to health care, already in jeopardy, is even further undermined by this precipitous action. This is another direct attack by the Commonwealth on its own medical profession. It is further harassment of physicians already under seige and significantly limited in their attempt to provide adequate access to medical care in this community because their professional activities are being monitored and regulated by ever-increasing bureaucratic edicts; all under the guise of better health care. It is an improper case with far-reaching consequences to patients and doctors not only in the Commonwealth but, in fact, the entire nation.

On August 31, 1988, the Massachusetts' Attorney General's office filed suit against twenty-four Springfield obstetrician-gynecolotists and their private corporations alleging that the physicians conspired to boycott Blue Shield of Massachusetts by agreeing to send letters of resignation in violation of the Sherman Antitrust Act. A minimum twelve months notice is required in Article IV of the Blue Cross contract and first amendment rights were exercised by the Springfield "24". The twenty-four were counted among more than 100 Springfield physicians who have resigned or have submitted their intent to resign from Blue Shield since 1986. Blue Shield will not disclose the number of physicians statewide who have done the same. The civil penalties demanded by the Attorney General's office exceed one million dollars.

The consequences of this suit, which is not in the public interest, will be the continuing deterioration of available care. That is the bottom line which concerns the nearly 700 members of the Hampden District Medical Society (HDMS) whose primary and major commitment is to provide easy access to quality medical care to patients in the communities in which we serve. The HDMS protests these charges as a breach of the Bill of Rights and misapplication of the Antitrust laws and feels strongly that, if this suit is not defended vigorously, everyone in the Commonwealth will be at risk since the freedom to make decisions will be taken away. The suit appears to be based upon the notion that any activities by physicians which appear similar in nature can be construed as collusion by someone who has an axe to grind. We wonder if political ambition and motivation might not be partially behind this action, and deplore what has occured thus far.

Currently in Western Massachusetts, the hardest hit part of the State, there is a serious shortage of certain medical specialties. This kind of action may well lead to further physician disaffection, further departure of obstetricians and other physicians, more early retirements, and more curtailment of services that physicians offer. This, in turn, will result in further reduction of access to a availability of needed medical service to the public. This trend has been continuing, particularly

continued

HDMS President's Message continued

in the western portion of the state, due to an unstable practice environment caused by many factors including the "lock-in" provision of Massachusetts Blue Shield; the expansion by the judiciary of medical liability; the requirement that participating doctors accept Medicare reimbursements; the Legislatures' threat to make participation in Medicaid a requirement of licensing; and the patient care assessment regulations of the State Board of Registration in Medicine.

Many of the physicians who exercised their rights as individuals to withdraw from Blue Shield of Massachusetts did so in protest at a time when complaints were ignored by Blue Shield; as explained in Legislative hearings to State Senator Linda J. Melconian, D-Springfield, Senate Chairman of the Legislative Insurance Committee and Co-Chairman of the Medical Malpractice Commission. Others resigned to protect patient privacy; to eliminate harassment; to avoid further economic deterioration; or to end a relationship with a bureaucracy that was unsympathetic to the needs, concerns and complaints of physicians and their patients.

The HDMS gives its full moral support to the "Springfield 24" legal fight because, in principle, this is a precedent-setting case for the entire medical profession. A private sector generic "legal defense fund" has been established and the HDMS urges its members and members of the medical profession statewide and nationwide to contribute to the fund set up to counter such flagrant discrimination against physicians and to insure that future misapplication of the law cannot be repeated. The money donated to the legal defense fund is an investment into the future of freedom to practice medicine thereby insuring access to quality medical care to patients in every community of the United States.

Contributions may be forwarded to The Pioneer Valley Legal Defense Fund, P.O. Box 61, East Longmeadow, MA 01028. There are also tentative plans for a Defense Fund fundraiser on Sunday, January 15th from 4-6 p.m. at the Sheraton Tara in Springfield.

For further information, contact:

John J. Papale, M.D., Chairman
HDMS Public Relations Committee 737-0276
OR
Michael Barnes
Barnes & Barnes: 733-4182

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Walter F. Tauber, M.D., 155 Maple Street
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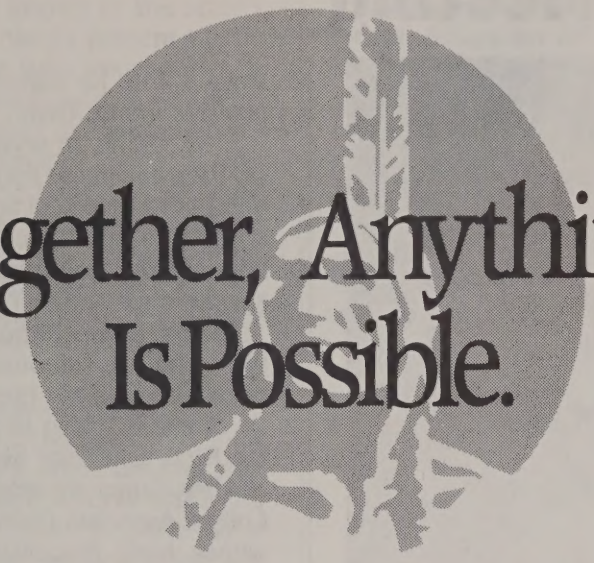

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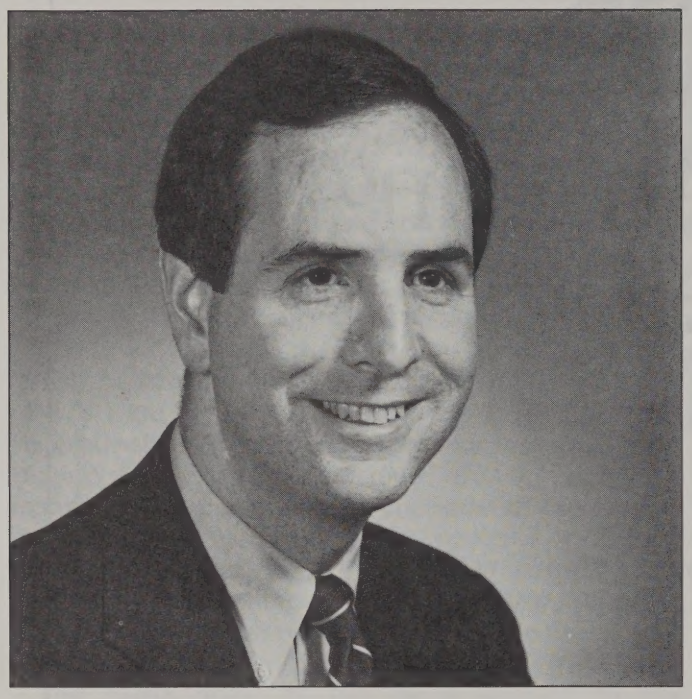
Fall District Meeting



Michael Collins, M.D.

The first district meeting of the 1988/1989 season was held on Tuesday, October 25, 1988, at Chez Josef in Agawam, Massachusetts. The meeting was attended by 95 members and spouses.

The Business Meeting was called to order by Dr. Rich and was highlighted by the following presentations. Dr. Mark Mullan led off with the Legislative Update and was followed by Dr. Charles Cahill who told the story of the "Springfield 24." (See HDMS Press Release elsewhere in this issue.) Dr. Slachta, who is currently the Vice-Chairman for the National Legislation for the Mass. Medical Society, gave a report of MMS's efforts in Washington. He stated that MMS had developed a very positive image there.

After voting on several housekeeping bylaw changes, Dr. Rich called the membership's atention to the Hampden District Medical Society Auxiliary Scholarship Drive and stated that a Program Committee under the leadership of Dr. Goodman had been initiated to obtain speakers for future meetings.

Finally, it was announced that Dr. Leonard Morse of Worcester was announcing a constitutional challenge to retroactive billing. (See article elsewhere in this issue.) Dr. Morse is trying to raise $400,000 in this effort and Dr. Rich asked for his support.

After dinner we received a lively talk from Dr. Michael Collins, Associate Dean of Tufts University Medical School whose topic discussion was "The Perilous Times of Medical Education". Dr. Collins began his remarks by reminding us of the glory days of medical education when every bright student in America aspired to attend medical school in the decade of the 70's. The problems of medical education in that era were how to choose among the plethora of many talented individuals who wished to go to medical school. However, as the image of medicine has fallen, the number of applications has also fallen; so that now good medical schools are receiving only 30 or 40% of the volume of applicants that they received a decade ago and frequently there are of lower quality.

Dr. Collins pointed out that the Mass. Medical Society resolution of one year ago proclaiming the deteriorating climate for the practice of medicine in the state of Massachusetts may have served some purpose for the Medical Society, but was the worst possible type of statement from the medical schools' point of view. Such problems as the practice environment, Blue Shield liability

continued

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problems, and new regulations from the board of Registration in Medicine are well known to the state's medical students and residents. Ninety percent of the prospective students interviewed at Tufts ask about such issues and all of the residents constantly discuss them. Currently of all the residents training in Massachusetts 64% plan to leave and 36% are staying. The 64% that plan to leave do so because of the high cost of living and practicing in Massachusetts and the excessive regulations here. The 36% who are staying are arriving at that decision primarily because of the draw of family, of their training programs, their desire to stay in the Boston area or some other emotional draw. These reasons are becoming increasingly less strong.

The faculty at Tufts Medical School includes 2,500 physicians. Only 450 of these get a pay check for their teaching and the rest are voluntary. There are four major teaching hospitals associated with Tufts of which the Baystate Medical Center is one. There is currently a change in the method of teaching medical students. Patients in hospitals now are too sick to use for physical diagnosis and the medical schools are finding they must go more and more to an out-patient setting to teach. They project that this will probably add approximately $1.5 million a year to the cost of teaching their medical students causing another major increase in tuition costs. Schools also find a major need in replacing research facilities as the amount of money allocated by the federal government will replace such facilities only once every one hundred years. Tufts is lacking space for research expansion and it finds it difficult to get more grant money without expanding research space. With the Gramm Rudman law squeezing the budget of the federal government, whenever a medical school approaches Washington the attitude there is, "It is nice to see you, but if you want more money good-bye."

It seems that every applicant interviewed is discouraged by family and doctor friends. We need to encourage more prospective medical students, telling them of the positive aspects of medical practice. Many educators do not believe the projection of a physician glut. There are still many areas of medicine in which it is a pleasure to work and we should keep this in mind when talking with prospective students.

There followed one of the lovelier question and answer periods that we have seen at a District Meeting in many years. It was led off by a question that asked, "What are the medical schools doing to help the practicing physicians?" Dr. Collins responded by saying that the medical schools have a very active presence on both Beacon Hill and in Washington and work closely with the Mass. Medical Society on many issues, but he stated thay have not heard a lot of requests for help on specific issues from practicing physicians and are always open to such requests. High on the Tufts agenda for the coming year is a plan to get out into the community teaching hospitals, such as Baystate Medical Center, to work more closely with the community physicians.

There followed a lengthy discussion of the Mass. Medical Society resolution concerning the poor political climate for the practice of medicine in Massachusetts. Dr. Collins reiterated that this resolution did not accomplish very much. The practicing physician has had a very little positive result from it, while it has had an extremely negative impact on the medical students and residents.

Will there be a closing of some of the medical schools as there have been of some dental schools? There have already been some medical schools that have failed to fill their classes with qualified applicants, e.g. some of the state medical schools in the Mid-west. There has been serious talk of medical schools cutting back on their classes by 10%, but this does not really do much to reduce the cost of medical education in the individual school. Tufts has felt that as long as it has qualified applicants and that we are importing M.D.'s from overseas, that it should not cut back. But, as the number of applicants fall from its current 1.7 per space to 1.5 per space, as it probably will in the 1990's, that a restructuring of the medical schools may be in order; with the closing of some and a return by others to the two year basic science medical school, feeding its smaller classes into the clinical science years of larger medical schools—as this seems to be more cost efficient.

Dr. Collins closed with a plea for closer cooperation between medical schools and community physicians and promised to establish better lines of communication. ■

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Committee Activities

At the November 15, 1988, Executive Committee Meeting Dr. Papale reported that the Public Relations Committee was completing their plans for a series of newspaper articles to be written by physicians and that the first newspaper article would be written by Dr. Arthur Sher to appear in the local press.

Dr. Cohen reported from the Scholarship Committee that 8 students received scholarships of $787.50 each and 5 students received scholarships from the Max and Ida L. Newman Foundation of $800.00 each.

The Defense Fund was discussed and is reported on elsewhere in this issue.

A membership phone-a-thon was held on Wednesday, November 9, 1988, with Drs. Chircop, Kenia, Konefal, Papale, Penhos, and Wagner participating. One hundred and seventeen phone calls were made. Of these, 53 responded favorabley and will be sent follow up letters with an application, 20 specifically said thay were not interested and another 44 could not be contacted. It was felt that the evening appeared to be very successful.

Plans for the January 24, 1989, District Meeting were discussed. Dr. Alan Nelson will be the speaker and he has been asked to speak on the relative value study or registered care technology. Dr. Rich is hoping to invite physicians from Hampshire, Franklyn, Berkshire, and Hartford.

Dr. William Baker, our nominating councilor, requests resumes of persons interested in running for office at the Mass. Medical Society.

The November meeting of the Public Health Committee was primarily focused on office medical waste disposal. Dr. Riley wishes to remind the members that it is their responsibility to be careful with the disposal of office medical waste. The Baystate Medical Center apparently will allow its incinerator to be used at the charge of $28.00 for 100 pounds of medical waste per month. Special rigid containers are provided for sharps and the waste must be brought to Baystate at the specified hours only.

There is apparently legislation pending on Beacon Hill entitled "House Bill Number 6204, An Act Relative to Collection of, Storage, and Transporation and Disposal of Infectious Waste" and the committee will watch its progress closely. ■

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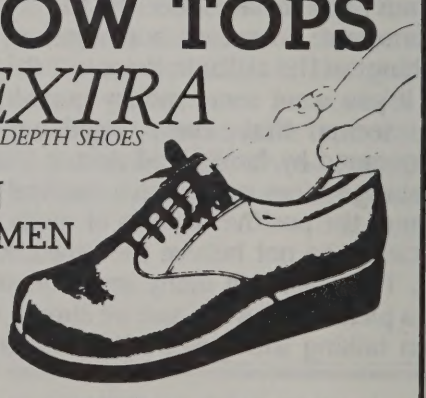

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The Liability Investigation Fund Effort (L.I.F.E.) is an independent grass roots physician organization established to study and challenge the constitutionality of retroactive liability premiums (euphemistically called "deferred premium payment"). The current medical liability experience for Massachusetts physicians is stifling good health care and damaging the emotional well being of many. It is time for the members of a dedicated profession to express their feelings over these matters.

L.I.F.E. began in May 1987 after the council of the Massachusetts Medical Society (M.M.S.) defeated a resolution calling for the doctors of Massachusetts not to pay their retroactive medical liability premiums to the Medical malpractice Joint Underwriting Association of Massachusetts (J.U.A.) The J.U.A. insures approximately 10,000 physicians. Withholding payment was labelled civil disobedience and the attorneys advising the M.M.S. informed the council that regulating laws require payment of the retroactive premiums. The resolution was amended advising physicians to pay their retroactive premiums in protest and to display letters of protestation to our patients in our offices.

L.I.F.E. was organized to investigate the constitutionality of the J.U.A. levying a 340 million dollar retroactive charge upon its insured physicians. The initiative was independent of the Massachusetts Medical Society and began when the medical staff of one hospital committed money to fund the investigation. Through the generosity of twenty-eight hospital medical staffs, one hospital administrator, one group of orthopedic surgeons and two district medical societies, $35,400 was collected. In June 1987 L.I.F.E. engaged Professor Henry Mark Holzer, Professor of Constitutional Law, Brooklyn Law School. Professor Holzer spent the summer of 1987 studying the legislative creation and organization of the J.U.A. and prepared a 187 page report with a two volume appendix entitled "Report Concerning Medical Malpractice Insurance Premiums in the Commonwealth of Massachusetts" (October 31, 1987). On November 12, 1987 Professor Holzer came to Worcester to present his findings.* The Holzer Report analyzed the feasibility of Massachusetts physicians bringing a legal-constitutional challenge to the imposition of crushing medical malpractice insurance premiums retroactive to 1975. The last paragraph of the Holzer Report states that: "in the end... there is a respectable case to be brought here, given the material and professional resources, and most important, the will."

On March 1, 1988 a Steering Committee met and voted (18 for and 2 absentians) to solicit the physicians of Massachusetts to each pledge $500 to L.I.F.E. with the goal of raising $400,000; the projected need to fund this cause.

On June 20, 1988 a letter was sent to 19,160 physicians with Massachusetts addresses requesting their pledge to L.I.F.E. The letter stated that "retroactive insurance fees of this magnitude, with a new law requiring liability insurance as a condition for medical licensure, warrants our challenging this unfair, unjust and unprecedented assault upon the medical profession. We resent being singularly taxed for a societal problem."

L.I.F.E. is incorporated as a legal entity in Massachusetts. At the most recent Council meeting of the Massachusetts Medical Society on October 12, 1988, I read a Declaration of Intent prepared by Professor Holzer and encouraged the participation of every physician in this cause. To date approximately 600 physicians have pledged over $120,000 to L.I.F.E. Some pledges have been from physician groups with unknown numbers so the total physician representation is imprecise. Although we were requesting a contribution in the amount of $500 any consideration is very much appreciated.

continued

*videotape available

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Support L.I.F.E. continued

Highlights of our effort include:

- expansion of our Steering Committee to 28 physicians.
- the entire Medical Staff (28) of one hospital have individually pledged to L.I.F.E.
- All (11) members of one group of physicians specializing in emergency medicine have paid $500 each to L.I.F.E.
- the Massachusetts Medical Society has endorsed and supported L.I.F.E.'s purpose(s).
- the Auxiliary of one district medical society has paid $500 to L.I.F.E.
- all (10) members of a hospital anesthesiology department have paid $500 each in support of L.I.F.E.
- some physicians have pledged $1000 and many have recorded "more if needed."
- many physicians, not insured by the J.U.A. and unaffected by retroactive assessments have generously contributed to L.I.F.E.

An Executive Board has been established and includes Wayne Glazier (urologist in Worcester), Ronald Mortara (neurosurgeon at Boston University Medical Center), Juan Penhos (surgeon in Springfield), Grant Rodkey (surgeon at the Massachusetts General Hospital) and myself (internal medicine in Worcester). We have conferred with Professor Holzer and in January 1989 legal action will be initiated. Attorney Rebecca Wilson of Parker, Coulter, Daley and White, Boston and Attorney Elliott Pell of New York City have accepted Professor Holzer's invitation to collaborate in this case.

It is our intention, upon the strong recommendation of Professor Holzer, for L.I.F.E. to engage in a public relations campaign to precede and accompany the litigation. The public must understand that the physicians of Massachusetts are not a group of negligent bumblers who don't want to pay reasonable medical liability premiums for grievous harm that may happen to our patients, but rather, we are mostly able, dedicated healers who are being victimized by a system which will ultimately destroy the very best form of health care delivery.

If you have not, please join in L.I.F.E.'s cause. ■

Leonard J. Morse, M.D., Chairman
Liability Investigation Fund Effort, Inc.
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Worcester, MA 01605

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Auxiliary Report

The Hampden District Medical Society Auxiliary held its first meeting of the year on November 16, 1988 in the parlor of First Church in Longmeadow. Members enjoyed a delicious breakfast arranged by Debra Calvanese, Social chairman. The business meeting preceeded a talk, "Decorating with Oriental Rugs."

The Auxiliary Leadership continues under the guidance of a Presiduum whose members are:

Debra Calvanese, *Social Chairman*
Joan Hampf, *Scholarship Chairman*
Barbara Verrilli, *Secretary*
Susan Krasner, *Treasurer*
Polly Miller, *Health Education Chairman*

Several Auxiliary projects are in progress. The Health Education Committee, composed of Polly Miller, Jane Condon, and Ginny Walthall, present programs, "Heart Health" and "Wonderful You" to young school children at the Springfield Science Museum. They ask members to join in their efforts.

The scholarship fund drive, chaired by Joan Hampf, and assisted by Diane Goodman, reported donations of $2370, below the goal of $3000. You are encouraged to send in a donation so that the goal may be reached.

We are hopeful that the Auxiliary will serve as a support group for physicians' families. We suggest members invite a new spouse to our functions. We also continue our interest in legislation concerning medical affairs.

A mid-winter meeting is being planned. ■

Barbara Verrilli

Radon Information Requested

The Environmental Health Division of the Springfield Public Health Department has been receiving questions about radon since the release of a joint study by the Massachusetts Department of Public Health (MDPH) and the U.S. Environmental Protection Agency (EPA) finding high concentrations of radon gas in tests of homes in seven states including Massachusetts.

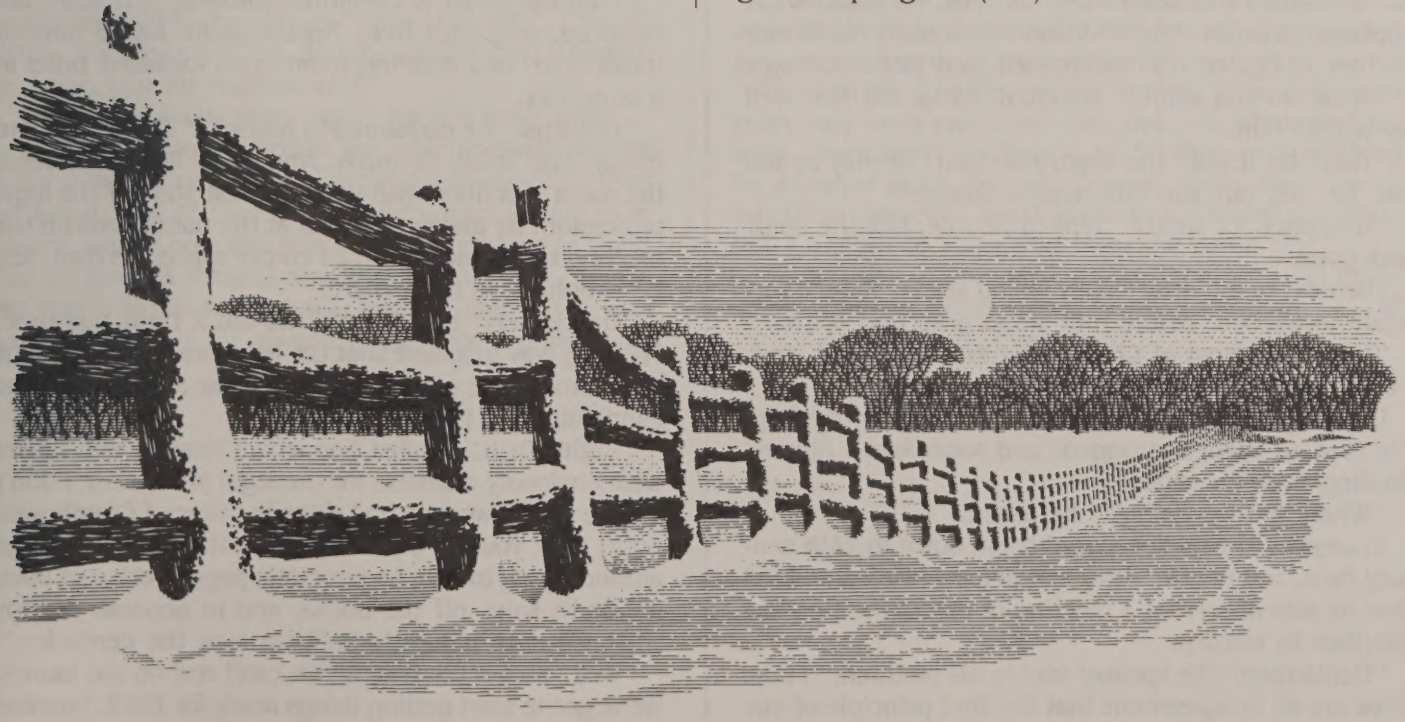
The investigation of 1,665 homes in Massachusetts showed nearly one in four homes in the state may have unsafe levels of radon. For homes tested in Hampden County, the figure drops to about one in ten.

Radon is a naturally occuring radioactive gas. It is produced in the ground through the normal decay of uranium and radium. Radon cannot be detected by human senses because it is odorless, colorless, and tasteless.

Radon can enter homes through cracks in the foundation or water systems. Inhaling radon can damage lung tissue. The risk of damage is based on radon levels and length of exposure.

Concentrations of radon gas are measured as "picocuries per liter" (pCi/1). Currently there are no state or federal regulations for radon, but the EPA suggests that if an initial reading is greater than 4 pCi/1, then annual average exposure should be determined and action taken.

To request a radon information kit which includes a list of test companies, contact the Radiation Control Program of the Massachusetts Department of Public Health. In Western Massachusetts call 1-800-445-1255 or in greater Springfield (413) 586-7525. ■



A Christmas Carol

"First thing we do, lets kill all the lawyers!" *Wm. Shakespeare*

Christmas was only a few days away, but Snavely S. Reptile, malpractice Attorney at Law, was beside himself with worry as he paced back and forth on his 40' by 20' genuine handwoven Persian carpet. So distracted was he that he almost stepped into the jacuzzi that bubbled merrily in the corner of his office. Once he nearly tripped over the priceless Ming dynasty vase sitting on top of the genuine Chippendale coffee table which ornamented the sitting area where he discussed cases with his clients. He was really going to have to do something about the sacks of money piling up in the corner, a problem which was increasingly serious since none of the banks in town had any room left for his accounts.

But, he reminded himself, that's trivial, compared with the really big problem. "Face it, Reptile," he mumbled to himself. "You're worried about this Bush guy. You knew if Dukakis got in, there would be four more years of rising malpractice premiums, an increasingly litigious society, and more and more government regulations to increase physician inefficiency, compounding the other problems. But Bush! What kind of future can a top malpractice attorney expect in a 'Kinder, more gentler America?' What about those 'thousand points of light?' " Reptile began to seriously consider leaving the practice of law. Maybe he should become a television evangelist, or a used car dealer.

His brain fevered, Reptile finally collapsed in a fitful sleep.

He was soon awakened by a strange whispery sound. As he rubbed the sleep from his eyes, he noted what appeared to be an angel—but no, it was really his former partner, Al Egatre, who had passed away just a year ago.

"What do you want?" he cried, as he felt fear well up within him.

"Don't be afraid," the apparition said. "it may be too late for me, but you still have a chance!"

"A chance for what?" replied Reptile. but the spirit was gone.

The next night, after finally falling asleep, Reptile was again awakened. Before him stood a second spirit.

"I am the ghost of Christmas past," the spirit said. "Come with me".

Glancing at the sleeping form of his wife, Myrtly, Reptile rose as though drugged, and soon found himself floating over the city.

"Where are we going?" he asked.

In answer, the spirit brought them down to 14th century Paris, and Reptile, a student of legal history, realized that he was observing a meeting of one of the first law faculties in history.

"Gentlemen," the speaker said to his brethren, "I take it we are all in agreement that the first principle of our profession should be to work towards the goal that, in any transaction between two or more individuals, no matter how informal or small, an enterprising lawyer should be able to step in and obtain for himself a share of whatever of value is passed between the parties."

"Hear, hear," the assembly replied.

"The second principle," the speaker went on to say, "is that, since it is obvious that laws are the life-blood of our profession, every lawyer should encourage the development of more laws—so that at some wonderful day in the distant future, no action within the scope of human capacity will lie outside the law."

"Huzzah!" the gathered lawyers replied.

"The third principle," said the speaker, "is that in order for our profession to thrive, it is necessary that some of us sacrifice outselves—we must become judges and politicians, so that from the making of the laws, the deciding of the law, and the profiting from the law, a lawyer will be present."

This time the assembly did not cheer as vigorously, seeing perhaps a future wherein some of the brethren would be constrained from achieving as much as others.

Reptile turned towards the ghost.

"You were right in bringing me here," he said. "I forgot how bad things were for lawyers and how far we have come. I have indeed learned my lesson."

He found himself back lying beside Myrtle, wondering if it had all been a dream.

The next night he again was awakened by a different spirit.

"I am the ghost of Christmas present," the spirit announced, and with that, Reptile again found himself transported to a meeting room in an exclusive hotel in a large city.

"Heavens!" he exclaimed to himself, "There's Richard Nixon. And Teddy Kennedy. And F. Lee Bailey." Indeed, the room was filled with the brightest stars of the legal profession. He glanced around at the namecards on the meeting table, and saw in an empty space, his own. Yes, he should have been there.

"Gentlemen," said Nixon. "We did it right this time. The only way to assure that the legal profession remains in control of the presidency is to make sure that all the candidates are lawyers."

"Right, Dick," replied Kennedy. "Reagan and Carter were obviously disasters for the legal profession. I don't believe things were so bad since the time of Eisenhower. Every time you get a non-lawyer in that office, they go around trying to trim beaurocratic paper work, get laws, for God's sake, off the books, and in general, destroy what we have patiently built up over the centuries."

"Well," said F. Lee Bailey, "We can't rest on our laurels. We've got to start getting things ready for 1992. I remind

you that Jesse Jackson could have convievably won the nomination, and we took a lot of chances allowing Bentsen to run. Next time we want four out of four candidates lawyers."

"But won't people get suspicious?" said another lawyer.

"I don't think they will anymore," said Nixon, and Kennedy concurred. "We've finally reached the point where Americans get suspicious if their politicians aren't lawyers."

"Thank you, spirit!" exclaimed Reptile. "I forgot for a moment that despite how bleak things may look sometimes, we lawyers have a stranglehold on nearly everything in the United States already. I guess I should count my blessings."

But the spirit had vanished, and Reptile was back in bed, the comfortable bulk of Myrtle blocking the morning sun.

Reptile almost couldn't fall asleep the next night, since he realized that he would have a glimpse of the future. Sure enough, the third spirit appeared at around midnight, and wordlessly, conducted him through mists of time to a distant future.

This time he found himself in a room full of strange machines and white-coated workers. Several corpses in various states of decomposition lay on tables around the room. Each had a metal helmet with several wires leading from it to the machines.

One worker adjusted some dials and pulled a lever. The corpse connected to the machine sat up and looked around.

A genleman with a diamond stick-pin, wearing $700 dollar handmade Italian shoes and a Rolex watch strode up to the corpse.

"Doctor Hurtle, allow me to introduce myself," the gentleman said to the corpse. "I am Attorney C. "Rock" O'Dyle, it's the year 2054, and my client's grandchildren are suing you for malpractice!"

"But I died sixty years ago!" replied the corpse.

"Well, thanks to the Reptile law, which permits anyone to sue a doctor on behalf of anyone else, anytime they feel like it, and of course, thanks to great advances in science, we are now able to resurrect physicians to stand trial, as long as there is anything left of them. By the way, you'll be pleased to know that the Reptile law also makes it a felony for anyone to cremate a physician."

"Well, sue away," said the corpse. "I don't have anything you can take anyway."

"Thats where you are wrong," replied the lawyer. "The Reptile law allows us to collect the malpractice award from any of your living blood relative, even to the seventh generation."

Reptile stood in awe. Here was the answer to a dream. No longer could a physician escape the long arm of the Malpractice code by dying. No longer could the lack of any earthly possession hold back an enterprising lawyer. "Oh, great spirit of Christmas future," exclaimed Reptile, "I now see that not only is everything going to be all right, but my name will live forever!

The next morning he visited his offices. "I'm cutting your salary," he told his secretary, who was a widow with three children in college. "I'm firing you," he told his oldest law clerk, who would soon be vested with pension rights.

He then put on his coat and visited his nephew. Bobby Reptile was a young man who had once had a very promising future in law. However, after his youngest child "Tiny Fred", developed a serious illness, he decided to become a physician. He was now a resident; but supporting a family was a great burden, and he held down two moonlighting jobs as well.

"Merry Christmas," said Reptile. "I'm evicting you from this apratment. I just bought the building last week."

"Tiny Fred" looked up at his great uncle, a tear forming in his good eye.

"Bah, humbug," said the tyke, as this needed to be said.

Reptile felt a lot better. That night, he sank into the best sleep he had had in several days.

Soon he again was awakened to the rustle of wings. There before him stood Egatre.

"I'm glad you came," said Reptile. "When you first appeared, you told me that it was too late for you. But you are an angel. Is that so bad?"

"It's terrible, Reptile," replied Egatre. "First, in heaven everybody loves everybody else and gets whatever they want. There aren't any laws at all. So there isn't anything for a lawyer to do. But what's even worse, there aren't any other lawyers. I kon't know how I ended up there, but I wanted to spare you from the same fate."

"Well, you certainly have," said Reptile. "I will never again waver in my devotion to my profession. ■

R. Cynic, M.D.

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LECTURES AT PROVIDENCE HOSPITAL WINTER—SPRING 1989

January 9, 1989	Cyrosurgery of Malignant Tumors of the Skin	Setrag Zacarian, M.D.
February 13, 1989	Biliary Lithotripsy	Albert Bothe, Jr. M.D.
March 13, 1989	Cardiac Arrhythmias	Stanley M. Lewis, M.D.
April 10, 1989	Malnutrition	George Blackburn, M.D.
May 8, 1989	Intracranial Tumors Early Diagnosis	Ernest Mathews, M.D.
June 12, 1989	Physiology and Pharmacology of Hair Growth	Jeffrey Bernhard, M.D.

Public Health Committee

November 25, 1988

To Our Membership

CONCERNING THE DISPOSAL OF INFECTIOUS MEDICAL WASTES FROM PHYSICIANS' OFFICES.

Reportedly, in the absence of an existing policy, the AMA is preparing to issue policy recommendations on the hot subject of the disposal of medical wastes from physicians' offices. Meanwhile, despite the current or impending hoopla on the matter, it is entirely possible, in my opinion, that there really is *not* a problem here simply because there is nothing new from the source—unless we are referring to the everyday-accumulating problem of disposable goods and their disposition. That day is long gone when we washed, sterilized, and re-used most if not all office goods, so that nothing except paper, practically speaking, was discarded and had to be disposed of. All we had to do then was empty the waste-paper baskets! It is probably worthwhile, therefore, to recall the present situation to the attention of all of us as a reminder of what is expected of us.

It should be said at once and emphasized that what is said and done in hospitals and free-standing "surgicenters"—where procedures, usually in large numbers, are performed—hardly applies to the doctor's office, which is more often involved in examinations. Especially today, the physician is much more likely to go out of his office to perform procedures.

In the office, the doctor has always had to dispose of "sharps"—mostly needles, occasionally a disposable knife-blade—which he expects to handle carefully and dispose of separately (in a closed container.) He does the same thing with syringes—that is, disposes of them separately. During the AIDS epidemic and the era of wearing "rubber gloces" *ad infinitum*, the individual physician hardly needs to be reminded of that elementary duty. As for the disposal of other materials from physicians' offices—in the first place, they are generally not considered infectious; and in the second, they have always been part of every office's good housekeeping.

Finally, let me call your attention to the Angelo-Polumbo bill, introduced more than a year ago to the state legislature, which would regulate infectious waste generated by private physicians, dentists, veterinarians, and funeral homes. Obviously, like it or not, we have hardly heard the last word on the subject. ■

Francis J. Riley, M.D.
Chairman Public Health Committee

The Pioneer Valley Legal Defense Fund Trust

The health care professional in the State of Massachusetts, particularly the physician, has seen a steady erosion of individual rights. The list of abuses is known to all of us: mandatory Medicare assignment as a condition of licensure; rocketing malpractice costs with virtually free access by the JUA to our earnings; a heavy-handed Board of Registration empowered by Chapter 351 with police powers; threatened mandatory Medicaid acceptance as a condition of licensure; and mandatory universal health care insurance. By any standard, things are getting worse. More and more of our freedoms are being replaced by mandatory edicts, and the entire health care profession bears the consequences, and ultimately so do our patients.

The current lawsuit against 24 Western Massachusetts obstetricians, the so-called Springfield 24, strikes home the dire situation of physicians in this State, and sets a dangerous precedent. Any sign of resistance against State intrusion, a stand for our rights, had to be repressed—promptly. Beyond that, we are being used to get political brownie points; doctor bashing is a popular game in the politics of Massachusetts.

How do we fight back? It takes time, money, and effort; above all, the will. To that end, The Pioneer Valley legal Defense Fund Trust has been established to help defray the legal expenses of all the "Springfield 24" defendants who agree to participate in a joint defense agreement, of whom 23 physicians, and their professional corporations, have so far elected to do so. Support for these physicians must be a rallying point for those who ask, "What can we do?". We must also ask ourselves, "Who next?" We all know the State has unlimited resources obtained by taxation, i.e., taken by force. We rely on united voluntary support, and a longer range view of what Medicine will come to if we do not act. Let's seize the moral high ground.

We ask for your most generous contribution. In January, 1989, a fundraiser is planned. ■

Sincerely,
The Pioneer Valley Defense Fund Trust
Juan C. Penhos, M.D.
Percy W. Wadman, M.D.
Trustees of The Pioneer Valley Legal Defense Fund Trust

Please note that contributions or gifts to The Pioneer Valley Legal Defense Fund Trust are not deductible as charitable contributions for Federal income tax purposes.

Please send contribution to: **THE PIONEER VALLEY LEGAL DEFENSE FUND TRUST**
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CHRISTMAS

O Christmas

Melliflous voice that calls all beings
To keep what's sacred from profane,
And from our conscience all ill things
So common now in paris mundane.

Zephyr divine, Bethl'ehem in glow,
Bright Star to those who have good will,
All our fine deeds always to grow
With sublime care, sagacious skill.

Do bring ripe fruits to pure desires'
Salubrious times, accords in life
Devoid of woes, turmoils and ires,
Pitfalls and pain, despair or strife.

Annihilate the scourge of hate
In nations, homes and friends or kins.
Let peace resplend with a fast rate
Without false steps, without wild spins.

Keep in mankind harmonious ways,
Tenacious vim in brotherhood.
Let us aspire for happy days
With issues clear and understood.

Make us condone, forgive, forget
All venial acts and hurts received.
Teach us the way to shun the net
Of foul intents by us conceived.

You are the wish of girls and boys,
The happiness with mirth so wide,
The expectation full of joys
Which can increase parental pride.

Do purify the present trend
Of dissolution filled with grime
And everything we don't amend
That multiplies in any clime.

Keep green always the olive branch
In world-wide spheres and families;
Give us support concrete and starch;
Adorn our paths with white lillies.

Hosanna, hail, O welcome guest!
Remain with us: we need your nod,
A guiding hand... you know the rest
To seek the road that leads to God.

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For more information, please contact: Mrs. Carol Nystrom, Hampden District Medical Society at 413-736-0661.

Welcome New Members

Giovanni Camerlenghi, M.D.
333 East Columbus Avenue
Springfield, MA 01105

BORN:	April 17, 1938
PREMED:	Collegio S. Giuseppe, Italy 1957
MEDICAL:	University of Rhome, Italy 1958-65
INTERNSHIP:	Baystate Medical Center, MA 1977-81
RESIDENCY:	Baystate Medical Center, MA 1977-81
FELLOWSHIP:	Childrens' Hospital Medical Center, MA 1982
SPECIALTY:	Anesthesiology

Camille M. Kanaan, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN:	November 3, 1953
PREMED:	American University of Beirut 1971-74
MEDICAL:	American University of Beirut 1973-78
INTERNSHIP:	American University of Beirut Medical Center 1977-78
RESIDENCY:	American University of Beirut 1978-82 McGill University, Canada 1982-85
FELLOWSHIP:	Case Western Reserve University 1985-88
SPECIALITY:	Obstetrics/Gynecology/Maternal Fetal Medicine

A. Bernard Pleet, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN:	October 26, 1939
PREMED:	University of Maryland 1957-60
MEDICAL:	University of Maryland School of Medicine 1960-64
INTERNSHIP:	University Hospital, MD 1964-65
RESIDENCY:	University Hospital, MD 1965-66 Portsmouth Naval Hospital, VA 1967-69 Bethesda Naval Hospital, MD 1972-75
SPECIALTY:	Neurology/Internal Medicine

Randy M. Atkinson, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN:	December 10, 1959
PREMED:	Clemson University, S. Carolina 1981-84
MEDICAL:	Medical University of S. Carolina 1984-5/88
INTERNSHIP	Baystate Medical Center, MA 7/88-Present
SPECIALTY:	Anesthesiology
RESIDENT:	

continued

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TO THE COMMUNITY
A strong commitment to my client's financial welfare is really an outgrowth of a long-standing commitment to the community. Helping people achieve their goals has always been part of me, whether by serving on local boards or advising individuals on investment choices.

TO FINANCIAL SERVICES
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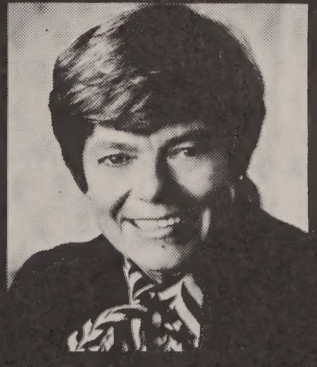
TO EXCELLENCE
Commitment to excellence is more than the credentials and knowledge people need to do their jobs well. It's an attitude. I give my clients the best continuing service I can. That's why they come back, and recommend me to their friends, family, and colleagues.



Betty Rae Poppo, CLU, ChFC

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Welcome New Members

continued from previous page

John F. Zimmerman, M.D.
444 Montgomery Street
Chicopee, MA 01020

BORN: September 7, 1950
PREMED: Harvard College 1968-73
Harvard Graduate School of Arts & Sciences 1974-75
MEDICAL: Stanford Medical School, CA 1976-1980
INTERNSHIP: Kaiser Hospital, CA 1980-81
RESIDENCY: Tufts New England Center 1981-82
Kaiser Hospital, CA 1982-84
FELLOWSHIP: Kaiser Hospital, CA 1984-85
West Roxbury VA Hospital 1985-87
SPECIALTY: Cardiology/Internal Medicine

Aleli L. Villanueva, M.D.
130 Maple Street
Springfield, MA 01103

BORN: October 4, 1951
PREMED: University of the Philippines 1968-72
MEDICAL: University of the Philippines College of Medicine 1972-76
INTERNSHIP: Medical Center of Manila 1976-77
RESIDENCY: Philippines General Hospital 1978-81
Hospital of the University of Pennsylvania 1985-6/88
FELLOWSHIP: University of California 1982-84
Northwestern Memorial Hospital, IL 1984-85
SPECIALITY: Obstetrics/Gynecology

Halina P. Wiczyk, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: January 25, 1953
PREMED: Penn State University 1971-75
Columbia University 1976-78
MEDICAL: New York University 1978-82
INTERNSHIP: New York University Medical Center 1982-83
RESIDENCY: New York University Medical Center 1983-86
FELLOWSHIP: Mt. Sinai Medical Center 1986-88
SPECIALITY: Obstetrics/Gynecology/Reproductive Endocrine

Ahmed S. Elguindi, M.D.
444 Montgomery Street
Chicopee, MA 01020

BORN: November 11, 1938
PREMED: Alexandria University, Egypt 1957-64
MEDICAL: Alexandria University, Egypt 1957-64
INTERNSHIP: Alexandria University Hospital, Egypt 1963-67
RESIDENCY: Alexandria University Hospital 1963-67
Allegheny Hospital, PA 1972-74
FELLOWSHIP: Medical College of Georgia 1977-79
SPECIALTY: Pulmonary Medicine/Internal Medicine

Joseph E. Rosen, M.D.
70 Court Street
Westfield, MA 01085

BORN: January 12, 1953
PREMED: Nasson College, Maine 1971-74
Antioch College, Ohio 1974-77
MEDICAL: University of Guadalajara, Mexico 1977-79
Baylor College of Medicine, Texas 1980-82
INTERNSHIP: Baystate Medical Center 1982-85
RESIDENCY: Baystate Medical Center 1982-85
Providence Hospital, MI 1985-87
FELLOWSHIP: Mt. Sinai Hospital, CT 1987-6/88
SPECIALTY: General Surgery

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Prudential Foundation Grant to Support Joint Commission Anesthesia Data Collection

CHICAGO, December 8, 1988—The Joint Commission on Accreditation of Healthcare Organizations has received a $50,450 grant from the Prudential Foundation to support development of approaches for efficient data collection on anesthesia outcomes of care in 17 pilot site U.S. hospitals.

The one-year project is part of the Joint Commission's "Agenda For Change," a major developmental effort aimed at creating a performance oriented accreditation system. The data focused system will eventually cover all areas of care but is initially focusing on anesthesia and obstetrical care. Anesthesia was chosen for special project focus because collecting information concerning the outcomes of anesthesia care requires the analysis of complex data from diverse sources.

In an effort to help clinical practitioners and health care administrators monitor and improve the quality of anesthesia care, the Joint Commission will collect information on clinical indicators which, for example, include the respiratory, cardiovascular, and neurological effects of anesthesia use. The clinical indicators, which are intended to serve as flags that identify aspects of care requiring closer scrutiny, were developed by a Joint Commission anesthesia task force composed of nationally prominent anesthesiologists, nurse anesthetists, and a dentist.

The project will test and compare data collection and reporting techniques. A software package will be developed to speed and improve the collection and reporting techniques. A software package will be developed to speed and improve the collection correction and transmission of anesthesia indicator data to the Joint Commission.

The collection mechanisms tested in the 17 pilot site hospitals will serve as a model for an ongoing system for acquiring and gathering anesthesia indicator data, which the Joint Commission will require as part of the new accreditation system to be implemented in 1992.

Founded in 1951, the Joint Commission is a nonprofit corporation that evaluates and accredits more than 5,100 hospitals and 3,200 other health care organizations. The Joint Commission's board of commissioners is made up of corporate members from medical and hospital associations, and one public member. This year the board voted to add two additional public members.

The Prudential Foundation, Newark, NJ, a nonprofit corporation financed by The Prudential Insurance Co. of America, has awarded nearly $77 million in grants to health, education, and urban and community affairs programs since its inception in 1977. The Foundation is committed to addressing social and civic concerns, and its grants are designed to help nonprofit organizations fulfill the same goals. ■

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